

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-028624

4146

STATE FILE NUMBER

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

DO NOT WRITE
ON THIS STUB

AMENDED

FILED AUG 9 1963

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| VS 300 Rev. 4/59 | DATE AMENDED |
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

| | | | |
|---|---|--|------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Kansas City</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>General Hospital</u> INSTITUTION | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN <u>Kansas City</u> d. STREET ADDRESS (If outside, give location) <u>341 Forest</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>Hilda</u> Middle <u>San</u> Last <u>Roman</u> | | 4. DATE OF DEATH Month <u>July</u> Day <u>21</u> Year <u>1963</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>7-15-09</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 11. BIRTHPLACE (City and state or country) <u>Havana, Cuba</u> | |
| 13a. FATHER'S NAME <u>Frank DeLaPaz</u> | | 14. NAME OF HUSBAND OR WIFE <u>Jesus Roviroza</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 17. INFORMANT <u>Jesus Roviroza</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | 12. CITIZEN OF WHAT COUNTRY <u>Cuba</u> | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____ | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION <u>2400 Cherry</u> | |
| 21. I attended the deceased from <u>7-21-63</u> to <u>7-21-63</u> and last saw her alive on <u>7-21-63</u> Death occurred at <u>11:00 A</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | 22c. DATE SIGNED <u>7-22-63</u> | |
| 22a. SIGNATURE <u>Frank Ellis</u> (Degree of this) | | 22b. ADDRESS <u>2400 Cherry</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>7-24-63</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u> | |
| 24. FUNERAL DIRECTOR <u>SEBBETO FUNERAL HOME</u> | | 25. DATE RECD. BY LOCAL REG. <u>7-23-63</u> | |
| ADDRESS <u>K. C. MO.</u> | | 26. REGISTRAR'S SIGNATURE <u>Ruth Long</u> | |
| 23d. LOCATION (City, town, or county) <u>Kansas City, Mo.</u> | | | |

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Forrest D. Caldwell

Licensed Embalmer No. 4716

P. O. Address KC Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.